



# Rider Contact & Medical Form

Rider's Name: \_\_\_\_\_ Date of Birth: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## Medical Information

Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Do you have any allergies?  No  Yes - If yes, please list below. Do you carry an epi-pen?  Yes  No

Please list any other medical conditions that we should be aware of (please use back of form if needed):

## Parent Information: (if Rider is Under 18)

Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relation to Rider: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Agreement for Acceptance of Risk and Waiver of Liability

On my behalf and on behalf of any minor children participating in these activities, for which I am legally responsible, I agree to the following:

I acknowledge the risks involved in riding and working around horses, which include bodily injury from riding, training or being in close proximity to horses. In addition, it is my clear understanding that both horse and rider can be injured in normal daily activities as well as during show and competition and that no amount of caution, experience or instruction can eliminate all risks.

Name (**Parent/Guardian name if under 18**): \_\_\_\_\_, hereby agrees to hold harmless and indemnify farm and owner **Raynham Stables, Lindsay Mahon AND/OR any Staff OR Volunteers** and further release from any and all liability or responsibility from accident, property damage, injury, expense or death, to the undersigned or to any family member or spectator accompanying the undersigned on the premises of **Raynham Stables** due to any cause whatsoever.

I acknowledge that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my next of kin, heirs, executors, administrators, assigns and/or representatives. I have read and understand the rules required to ride at **Raynham Stables**.

## **Signature of Parent/Guardian required for participants under the age of 18**

Name of Minor Child: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: M\_\_\_\_/D\_\_\_\_/Y\_\_\_\_

Witness Signature: \_\_\_\_\_